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ABSTRACT

The personal attributes and characteristics of an effective health education teacher are described. It is pointed out that in the field of health education not only are cognitive objectives important but also bringing about desired change in behavior. An analysis of students' reactions to health instruction revealed that the teacher's attitude and way of interacting with individuals had the greatest impact upon student achievement. (JD)

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# TEACHER EFFECTIVENESS IN HEALTH EDUCATION

by

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Teacher effectiveness, what does it really mean? Does it mean that the teacher taught what they were supposed to according to course objectives? Does it mean that the students returned learned facts on a test to a teacher? What does teacher effectiveness in health education really mean?

Consider the following situation one college supervisor encountered. The student teacher was having discipline problems in the classroom and the college supervisor had been called in an effort to solve the problem. Upon observing a health education class, the college supervisor found the student teacher leading all the students in a question/answer/discussion session and was amazed that all the hands were up to answer every question. However, after thirty minutes of an interesting interaction, the college supervisor questioned in her own mind what was really occurring. After some observation it was noted that the student teacher called only on those students with their right hand raised and always the right hand raised student knew the correct answer to the teacher's question. The period ended and it was time for a conference with the student teacher--the student teacher was praised for the good teaching qualities presented and asked, "What would happen if you called upon a student who raised their left hand?" The answer was guessed by the college supervisor that the left hand meant, "Teacher, don't call on me,

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I don't know the answer to the question."

On the surface this appeared to be a very effective student teacher. However, the students had been taught to put on a show for any class visitor, in order to present the teacher in a most positive manner, but actually was the student teacher really effective?

For a teacher to be effective within the classroom, they should possess some specific skills/knowledges/attitudes which are directly related to teacher competency. Examples of these competencies have been proposed by many different professional organizations: AAHPER, ASHA, and SOPHE for example. Each of these lists of proposed competencies have included basic cognitive knowledge in the health content areas such as nutrition, mental health, consumerism, safety, mood modification, senses, fitness, environment, etc. In addition, competencies related to basic science and social science courses, psychology courses, education courses, curriculum design courses, methods and materials courses, evaluation courses, and research courses, just to name a few, have been proposed. However, the knowledges/skills/attitudes covered in these courses can never insure both teaching and learning effectiveness within the classroom. Something else is needed and perhaps this is the human element of learning and teaching.

Several years ago, I started giving both the student teachers and the graduate students an assignment of listing the characteristics of a favorite teacher that they considered to be effective in classroom management and also in student learning. An amazing number of responses were forthcoming, but generally most of the student responses were of a single thread included within the area of professional competency and positive teacher/student relationships. Unifying threads under each of the single

threads were related to:

1. Professional competency:
    a. Confidence with subject matter.
    b. Encouragement of independent thinking.
    c. Meaningful/relevant materials/ideas/methodologies included within the curriculum.
    d. Creativity.
    e. Flexible.
    f. Prevented problems before they develop.
2. Teacher/student relationships.
    a. Open.
    b. Fair.
    c. Available.
    d. Concern.
    e. Trusting.
    f. Human being.
    g. Understanding.
    h. Patient.
    i. Sense of humor.

In analyzing the results of the data obtained, cognitive knowledge generally played a small part of what these students considered as the most important characteristics of their favorite teacher. Mentioned more often were personal characteristics or human qualities, that the students valued.

Some of these favorite teacher-held values generally included:

1. The dignity and worth of all individuals.
2. The respect for various life styles, as long as it does not interfere with my own lifestyle.

3. The respect and practice of the democratic process.
4. Mutual trust and understanding among individuals.
5. Each person a human being instead of a robot or a number.
6. Each person having their own special successful time on stage.

Usually the teacher behaviors were such that the teacher was considered a facilitator of learning and a provider of positive meaningful, relevant learning activities/experiences that were designed to meet the needs and interests of the individual students. In many cases, active learning involvement was present. In addition, the teacher's behavior usually exhibited a positive self-concept, practiced good individual and group communication skills (oral, non-verbal, listening) and participated in the classroom decision-making process. Yes, the teacher made some decisions, but still allowed the students opportunities to make decisions that affected everyone within the classroom. Also, the teacher indicated behavior was such that opportunities were provided for student successes as well as student failures. Students were never yelled at for doing something wrong. Instead, they were guided to examine what alternative behaviors or decisions could they have considered, and with what consequences?

Willgoose[1] has indicated that changing health behavior can be a difficult task, if that is the teacher goal of health education. Among the variables proposed have been:

1. Considering the numerous social influences: peer pressure, home environment, and the community, and attempting to formulate a

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[1]Willgoose, Carl, Health Teaching in Secondary Schools. Philadelphia: W. B. Saunders Co., 1977. 330.

spirit of cooperation between various forces for the improvement of health behavior.

2. Teachers who possess the ability to carry on frank and open discussions with students along with warmth and availability.
3. Teachers knowledge of motivational techniques - relating the content to specific student needs and interests, along with the teacher at times considered an actor with the classroom being the stage. The learning experiences must be favorable or else the students will ignore it.
4. Teacher/student planning (back to the themes of individualizing instruction, interests, needs, attitudes and knowledges, and the application of democratic principles).
5. Concise directions specifying learning tasks expected to perform and the evaluation criteria to be employed.
6. Multi-media approach. (Just remember all students do not learn in the same manner, so a variety of classroom methodologies should be employed. Also don't forget answering the questions at the end of the chapter, doesn't really provide students with needed cognitive material, it just provides a lazy, unpopular teacher for the students to examine.)
7. Utilizing effectively the art of listening - listening patiently to what the students say orally, as well as what their body language indicates. Is Susie coming to class late because she is bored with it? Perhaps then, the students know that somebody is interested in them and cares what they do.

Again, I ask the question, what is a scheme for evaluating teacher

effectiveness? I guess, my answer partially is effectiveness at what? Measured easily is student cognitive knowledge gained via the usual paper/pencil tests. A little harder to measure are attitudes and values gained from the product of every moment one has lived until today, and most difficult to measure are behavioral changes. According to some health educators, behavioral indicators can predict from past exhibited behavior present and future behavioral patterns. In addition, various individuals have developed problematic decision-making games/activities to practice decision-making skills. But, really do all these proposed devices and activities measure teacher effectiveness in the long run? NO!!!!

If forced to develop a scheme for measuring teacher effectiveness, one could try, but would not be one hundred percent successful in predicting teaching/learning effectiveness. Considered would be the concept that the teacher would have to be accountable for effectiveness within the classroom. Proposed would be teacher-made established goals/objectives to measure effectiveness in various areas, along with some degree of specific evaluation criteria. Examples of such goals/objectives might include:

1. Read X number of journals pertaining to Y content area.
2. Spend 10 minutes a day talking to a student with specific problems.
3. Practice each week one of the principles advocated by the book, Power of Positive Thinking. (SMILE)
4. During the semester contact X number of former students to determine health course effects upon selected behaviors.
5. Seek student feedback on all units taught utilizing the open-

ended sentences approach and then make appropriate adjustments for future health units/courses.

In this manner, perhaps the teacher can still maintain the necessary level of cognitive knowledge and at the same time maintain those most important qualities of humaness, openess, etc., that the students value.

Teacher effectiveness to some degree can be evaluated by checklists, rating scales, open-ended sentences, peer review, student review, administrative review, competency actualization, etc. However, only the students of the health educator truly can measure the teacher effectiveness in both the short term and long term analysis.